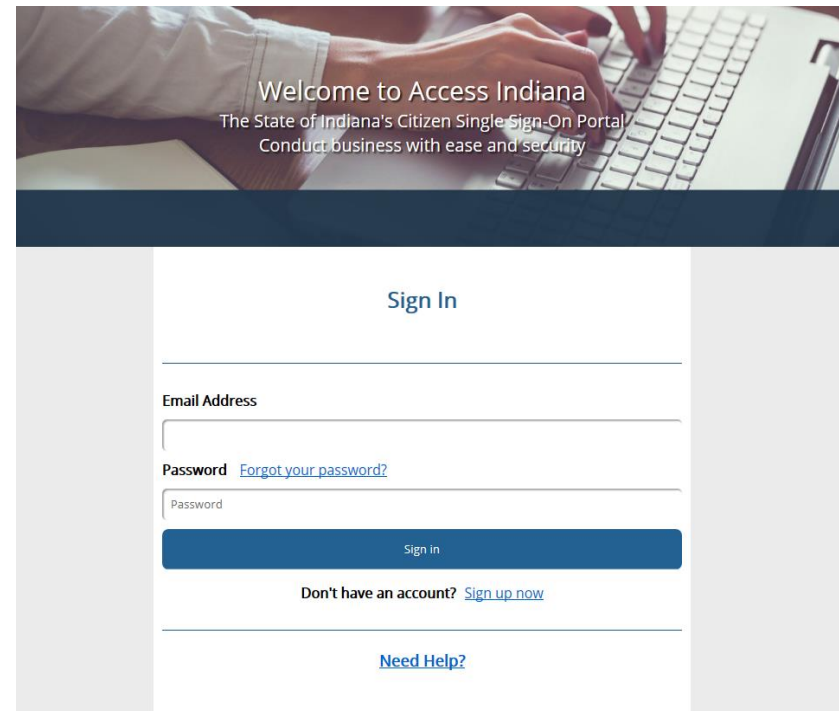
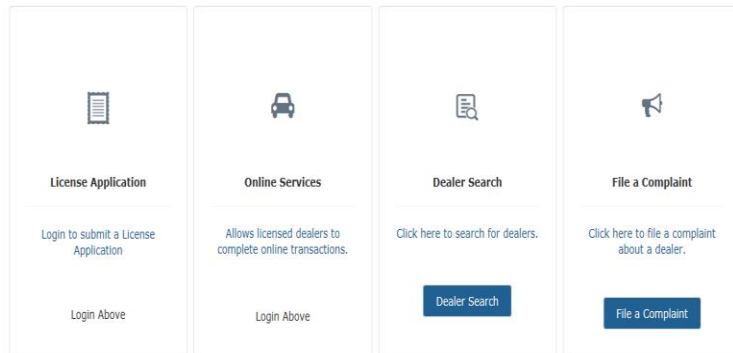
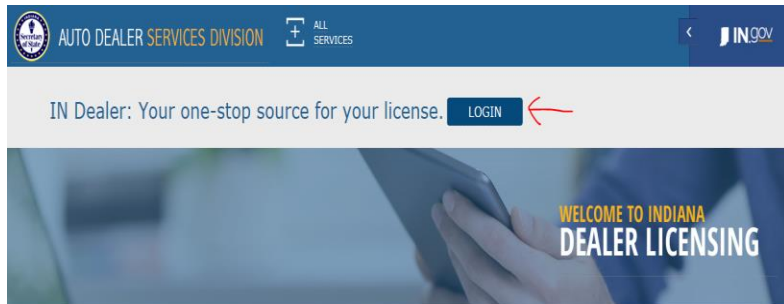


STEP 1: LOG IN



STEP 2: SELECT “ONLINE SERVICES”

MY DASHBOARD

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 ONLINE SERVICES
 MY PROFILE
 FIND MY DEALER LICENSES
 FORMS
 CONTACT US
 LICENSE APPLICATION

ALERTS AND ANNOUNCEMENTS [View All](#)

TYPE	SUBJECT	GENERATED DATE
ALERT	[REDACTED] - BOND EXPIRATION SUSPENSION	4/13/2018
ALERT	[REDACTED] - BOND EXPIRATION - 6/19/2018	4/10/2018
ALERT	[REDACTED] - INSURANCE EXPIRATION SUSPENSION	4/1/2018
ALERT	[REDACTED] - LICENSE EXPIRED	4/1/2018
ALERT	[REDACTED] - BOND CANCELLATION SUSPENSION	3/2/2018

CURRENT LICENSES [View All](#)

DEALER #	DEALER NAME	LICENSE TYPE	STATUS	RENEWAL DATE
[REDACTED]	[REDACTED]	DEALER USED	SUSPENDED	4/21/2018
[REDACTED]	[REDACTED]	DEALER NEW	VALID	5/1/2019
[REDACTED]	[REDACTED]	DEALER NEW	VALID	5/1/2019
[REDACTED]	[REDACTED]	DEALER NEW	VALID	5/1/2019
[REDACTED]	[REDACTED]	DEALER NEW	VALID	5/1/2019

DRAFT TRANSACTIONS [View All](#)

NOTIFICATIONS [View All](#)

SUBJECT	GENERATED DATE	ACTION
[REDACTED] - RENEWAL LICENSE - 5/1/2018	4/16/2018	
[REDACTED] - BOND EXPIRATION SUSPENSION	4/13/2018	
[REDACTED] - RENEWAL LICENSE - 4/21/2018	4/6/2018	
[REDACTED] - INSURANCE EXPIRATION SUSPENSION	4/1/2018	
[REDACTED] - RENEWAL LICENSE - 5/1/2018	4/1/2018	

RECENT TRANSACTIONS [View All](#)

DEALER #	DEALER NAME	TRANSACTION TYPE	STATUS	WORK ORDER #	DATE
[REDACTED]	[REDACTED]	INTERIM PLATE MOTOR VEHICLE	APPROVED	2018123352-001	4/2/2018
[REDACTED]	[REDACTED]	ADDITIONAL DEALER PLATES	IN FULFILLMENT	2018123336-001	3/12/2018
[REDACTED]	[REDACTED]	ADDITIONAL DEALER PLATES	IN FULFILLMENT	2018123322-003	3/11/2018
[REDACTED]	[REDACTED]	ADDITIONAL DEALER PLATES	IN FULFILLMENT	2018123322-002	3/11/2018
[REDACTED]	[REDACTED]	INITIAL DEALER PLATES	IN FULFILLMENT	2018123322-001	3/11/2018

RECENT PAYMENTS [View All](#)

STEP 3: SELECT DEALER

ONLINE SERVICES

0

LOGOUT

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ONLINE SERVICES

MY PROFILE

FIND MY DEALER LICENSES

FORMS

CONTACT US

LICENSE APPLICATION

Dealer Name:

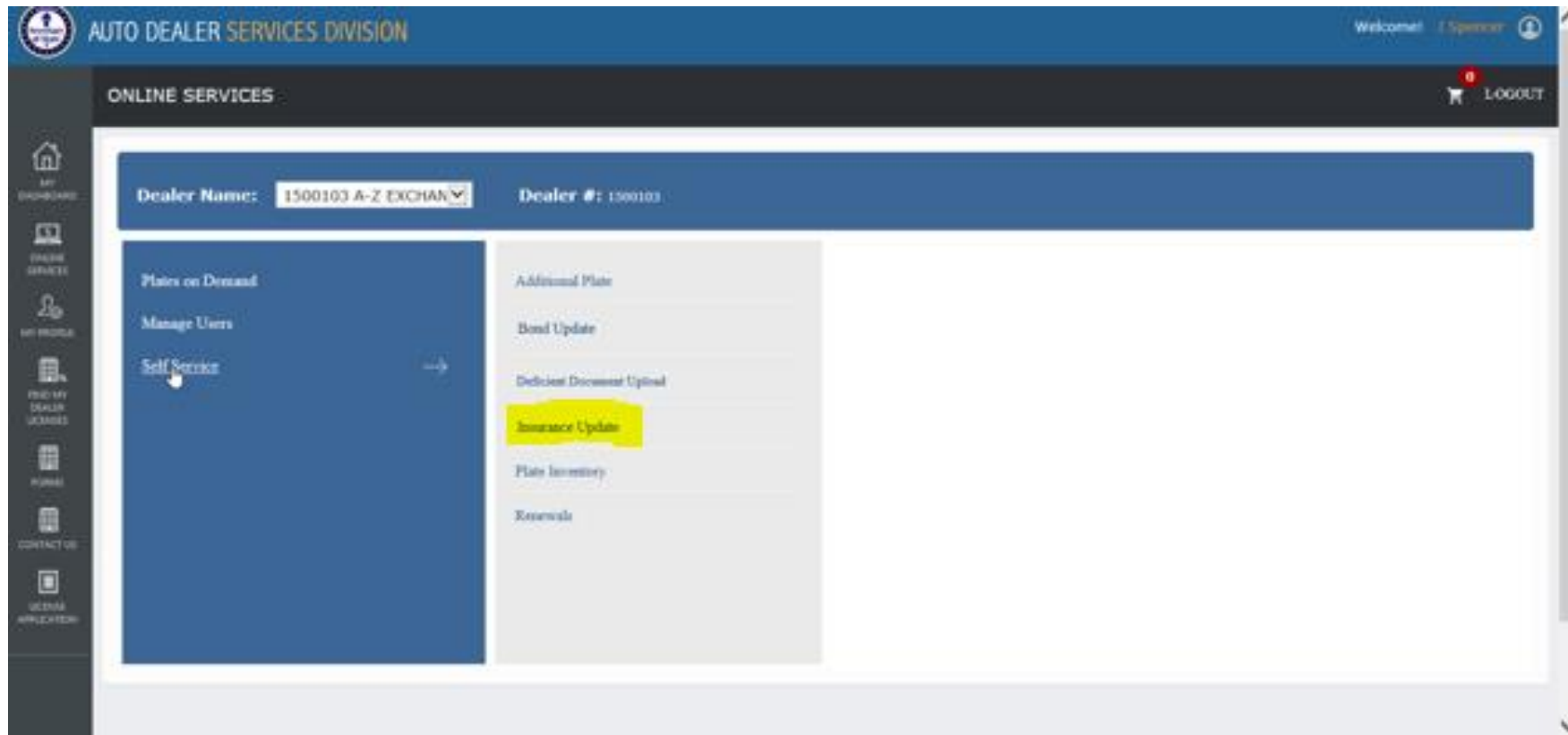
Dealer #:

Plates on Demand

Manage Users


Self Service


STEP 4: CLICK “SELF SERVICE” AND SELECT “INSURANCE UPDATE”*











*Only the following users will be able to proceed: Primary, Administrator, Finance/Sales, General Office, or General Plates and Office

STEP 5: REVIEW INSTRUCTIONS AND KEY INFO

AUTO DEALER SERVICES DIVISION

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0 LOGOUT

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INSURANCE UPDATE – INFORMATION

DEALER NAME: A-Z EXCHANGEDEALER #: 1500103

PLEASE READ BEFORE YOU CONTINUE

Indiana law requires dealers to maintain proof of current insurance with the Auto Dealer Services Division. By completing this transaction, you are requesting the Division to update your insurance information. You will be required to upload a copy of your current proof of insurance.

Proof of Insurance must:

- Reflect the minimum amounts of coverage, as required by Indiana Code 9-32-11-14.
- Specify the name of the dealership as it appears on the license. For example, if your business also has a Doing Business as Name, it must be included on the document.
- Specify the correct physical address for the established place of business of the dealership, not the dealer's offsite corporate office.
- Specify the Indiana Secretary of State as the certificate holder.

If you are updating your insurance in response to a license suspension, please note the following:

- After submission, your insurance must still be reviewed and approved by Division staff before your license can be reinstated.
- The first and second days of each month are typically our heaviest suspension days, so processing and reinstatement may take longer on those days than on a more typical day.
- Once your license is reinstated, it may take an additional 10-30 minutes for your license to show as reinstated on your dealer dashboard.

We understand that license reinstatement is an immediate concern, but we ask for your patience as we process your insurance update. We understand that license reinstatement is an immediate concern, but ask for your patience as we process your insurance update. We recommend tracking the status of your insurance update in the "Recent Transactions" widget on your dashboard for real-time updates so you can be back up and running as soon as possible.

CancelContinue

STEP 6: COMPLETE ALL REQUIRED FIELDS AND SELECT “ADD”

BOND DETAILS

*Name of Bond Carrier: AEGIS SECURITY INSURANCE COMPANY ▼

*Bond Number: 222222

*Effective Date: 11/01/2018

*Date of Expiration: 11/01/2019

Is Active: ☐


[Add](#) [Cancel](#)

BOND CARRIER	BOND NUMBER	EFFECTIVE DATE	DATE OF EXPIRATION	IS NEW	IS ACTIVE	ACTION
WESTCHESTER FIRE INSURANCE COMPANY	K09373627	1/17/2018	2/1/2019	NO	YES	

Only select “is active” if the policy is currently in effect.

Only one policy can be “active” at a time, but multiple policies can be added to the table.

STEP 7: COMPLETE THE AFFIRMATION AND CONTINUE

**AUTO DEALER SERVICES DIVISION**

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BOND UPDATE – REQUEST

0 LOGOUT

DEALER NAME: A-Z EXCHANGEDEALER #: 1500103

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ONLINE SERVICES

MY PROFILE

FIND MY DEALER LICENSES

FORMS

CONTACT US

LICENSE APPLICATION

INSURANCE DETAILS

* Name of Insurance Carrier: -SELECT- ☐

* Policy Number:

* Effective Date: MM/DD/YYYY

* Date of Expiration: MM/DD/YYYY



Is Active: ☐

Save Cancel

Enter the requested information exactly as it appears on your insurance documentation.

If you are adding a new insurance record, and it is currently in effect, you must click on the "Edit" button next to the row that is currently marked "YES" under the "Active" column. You will need to change the record to "NO" and mark the new record you are entering as Active.

If the coverage provided by the new insurance record you are adding has not yet taken effect, do not change the Active indicator on the current record.

INSURANCE CARRIER	POLICY NUMBER	EFFECTIVE DATE	DATE OF EXPIRATION	IS NEW	IS ACTIVE	ACTION
AUTO-OWNERS INSURANCE COMPANY	66261548	12/9/2017	12/11/2018	NO	YES	
AUTO-OWNERS INSURANCE COMPANY	66261548	12/8/2017	12/10/2018	NO	NO	


AFFIRMATION


☐ I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.


Application prepared by *: Title *:


Cancel Save as Draft Continue


STEP 8: ADD THE REQUIRED DOCUMENTS AND SUBMIT


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 FORMS










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INSURANCE UPDATE – DOCUMENTS  0 **LOGOUT**

DEALER NAME: A-Z EXCHANGE DEALER #: 1500103


REQUIRED DOCUMENTS




DOCUMENT TYPE	DOCUMENT	ACTIONS
PBX011-45602: CERTIFICATE OF INSURANCE	A-Z Exchange 2018.pdf  	
PBX011-45602: XTRA REQUIRED DOCUMENT	<input type="text"/> Browse... 	
RM157778: CERTIFICATE OF INSURANCE	<input type="text"/> Browse... 	
RM157778: XTRA REQUIRED DOCUMENT	<input type="text"/> Browse... 	

Proof of Insurance must:

- Reflect the minimum amounts of coverage, as required by Indiana Code 9-32-11-14.
- Specify the name of the dealership as it appears on the license. For example, if your business also has a Doing Business as Name, it must be included on the document.
- Specify the correct physical address for the established place of business of the dealership, not the dealer's offsite corporate office.
- Specify the Indiana Secretary of State as the certificate holder.

OTHER DOCUMENTS

Browse... 

DOCUMENT TYPE	DOCUMENT	ACTIONS
OTHER	Note from our Owner – Please read.doc  	

Cancel

Save as Draft

Submit

Troubleshooting:

- **Do you have the appropriate role to complete the transaction?**

You must have one of the following roles: Primary, Administrator, Finance/Sales, General Office, or General Plates and Office

- **Does your dealer license have the right status?**

Your dealer license status must be Valid, Expired, Probation, or Suspended

- **Is your license renewal currently being processed by our office?**

If yes, please submit new bond or insurance information directly to the licensing clerk handling your renewal or to dealers@sos.in.gov.